

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>VB</i>		<i>02/23/01</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>3/12</i>
FORMALITY REVIEW	<i>SK</i>	<i>5C886</i>	<i>04-09-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	X
2	X
3	
4	
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9	
10	X
11	X
12	X
13	X
14	X
15	X
16	X
17	X
18	X
19	X
20	X
21	X
22	X
23	X
24	X
25	X
26	X
27	X
28	X
29	X
30	X
31	X
32	X
33	X
34	X
35	X
36	X
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48	X
49	X
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Claim	Date
Final Original	
51	0
52	0
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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